## Application for approval of details reserved by condition. Town and Country Planning Act 1990

## Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address		2 Agent	Name and Address
i. Applic	and Name and Address	2. Agent	Haine and Address
Title:	MR First name: I WAN	Title:	MR First name: ST&PHEN
Last name:	WIRTH	Last name:	PATTEN
Company (optional):		Company (optional):	BENJAMIN & BEAUCHAMP
Unit:	House number: 6 House suffix:	Unit:	House number: House suffix:
House name:		House name:	THE BUROUGH STUDIOS
Address 1:	CHAMBERLAIN STREET	Address 1:	THE BOROUGH
Address 2:		Address 2:	
Address 3:	PRIMROSE AILL	Address 3:	
Town:	LONDON	Town:	WEDMORE
County:		County:	SOMEKSET
Country:	VK	Country:	Ule
Postcode:	NWI EXB	Postcode:	B528 4EB

3. Site Address Details	4. Pre-application Advice			
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?			
Unit: House House suffix:	authority about this application?			
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: CHAMBERLAIN STREET	application more efficiently). Please tick if the full contact details are not			
Address 2:	known, and then complete as much as possible:			
Address 3: PRIMKOGE HILL	Officer name:  MRS HANNAH WALKER			
Town: LONDON	Reference:			
County:	P000227/63			
Postcode (optional): NW1 8 XB	Date (DD/MM/YYYY): (must be pre-application submission)			
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: Northing:	SITE MEETING & EMAIL EXCHANGE			
Description:				
5. Description Of Your Proposal	on the decision letter including the application reference number			
Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number			
PROPOSED AUTERATIONS & EXTENSIONS I	NOLUDING INFILLING REAR ROOF			
TERRACE, 2 STOREY REAL EXTENSION, INTE	GRNAL REORDERING & REPAIRS			
Date must be pre-application				
Please state the condition number(s) to which this application relates:				
1.	6.			
2.	7,			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)			
Has the development been completed?	Yes No			
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details that are being submitted for approval:				
DRAWINGS 0469/WDIGA, 20B, 21, 22, COVERING LETTER.				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your application relates to:				
If Yes, please indicate which part of the condition your application rela	ates to:			
Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your application relationship in the condition of the condition your application relationship in the condition of the condition.  ALL PARTS OF CANDITION OF ABOVE WHICH WILL BE SUBMITTED SE	THE APART FROM FIREDLACE DETAILS			

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.				
The original and 3 copies of a Completed and dated application form:	original and 3 copies of other plans and drawings aformation necessary to describe the subject of the application:			
The correct fee:				
9. Declaration  I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):  Q 108 1014 (date cannot be pre-application)				
10. Applicant Contact Details 11. Agent Contact Details				
•••	-			
Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Telephone numbers  Country code: National number:  O1934  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  Stephen b2 white ts. (M)			
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No				
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  Agent  Applicant  Other (if different from agent/applicant's details)				
If Other has been selected, please provide:				
Contact name:	Telephone number:			

Email address: